DORN SCHUFFMAN, DEPARTMENT DIRECTOR

DOR
4.140

CHAPTER	SUBCHAPTER	EFFECTIVE DATE	NUMBER OF PAGES	PAGE NUMBER
Program Implementation and Records	Clinical Standards and Procedures	7/1/2002	5	1 of 5

SUBJECT	AUTHORITY	HISTORY
Use of Restraints, Seclusion and Time Out (CPS)	630.050 and 630.175 RSMo	See Below

PERSON RESPONSIBLE	SUNSET DATE
Director, CPS	7/1/2005

PURPOSE: Prescribes the policy on the use of time out, seclusion and restraint.

APPLICATION: Applies to the Division of Comprehensive Psychiatric Services Adults and Children's Psychiatric Hospitals. However, this DOR does not apply to Cottonwood Residential Treatment Center. That facility should continue to operate under directives 1, 2 and 3 as issued on February 15, 1991.

(1) Restraint or seclusion is used only to prevent a patient from injuring themselves or others. Restraints or seclusion is not used for the convenience of staff, as a substitute for programs or for punishment. Restraint or seclusion is not used in a manner that causes undue physical discomfort, harm or pain to the patient. Guidelines pertaining to any proposed administration of chemical restraint is found in DOR 4.152.

(2) As used in this DOR, the following terms mean:

(A) "Time out", temporary exclusion or removal of a patient from positive reinforcement in an unlocked setting. It is a systematic and planned treatment procedure which is contingent upon the patient's emission of undesired behavior. The patient is removed from the situation that affords positive reinforcement. Time out shall not include quiet time in the room as requested by the patient. Procedures for checking on the patient every 15 minutes shall apply.

(B) "Seclusion" is the involuntary separation of a patient from the patient community, in a locked room specifically designed for that purpose. Seclusion does not include involuntary confinement for legally mandated but non-clinical purposes, such as confining a person facing serious criminal charges or serving a criminal sentence to a locked room.

(C) "Restraints", mechanical and physical restraints are defined as follows:

1. "Physical restraint", any physical intervention techniques used by qualified department-approved personnel to restrict a patient's movements.

2. "Mechanical restraint", any physical or mechanical device used to restrict a patient's body movement. This does not include physical health measures which are interventions listed in the Individual Treatment Plan(ITP) for clinically indicated diagnoses (e.g., chair boards, bed and wheelchair ties, arm boards and splints).

(D) "Trained staff", such persons designated by facility policy who have been approved and recognized per facility procedure for the continuous clinical assessment of patients placed in restraints or seclusion.

(E) "Physician," officer of the day, treatment team physician and other designated licensed physicians clinically privileged to perform the functions as physicians as set out in this DOR.

(3) Each facility shall include in its policies the proper use and maintenance of restraint and seclusion equipment.

(4) A list of patients in mechanical restraints, seclusion or time out, their location, time in and the time for release is prominently displayed in treating staff areas.

(5) Procedures for time out include the following:

(A) Time out is initiated by trained staff.

(B) The behaviors upon which the use of time out are contingent is included in the individual's ITP. In addition, the ITP shall contain the prescribed amount of time for each instance of time out.

(C) Time out may be used as specified by ward or unit rules.

(D) While patients are in time out, trained staff shall:

1. Observe and provide appropriate attention to the patient every 15 minutes to assure appropriate care and treatment of the patient, including bathing, intake of fluids, regular meals, exercise and use of toilet.
2. Document observations on a facility approved flow sheet.

(6) Procedures for seclusion include the following:

(A) Use of seclusion or restraint shall cease when the circumstance causing the need for the procedures have ended.

(B) A physician may authorize a registered nurse to use seclusion to control a patient's dangerous behavior with a physician's written order. Emergency measures are described in section 8.

1. A physician shall conduct a clinical assessment of the patient before writing an order authorizing the use of seclusion.
2. The assessment and order is documented in the progress notes of the patient's record when the procedure is implemented.
3. Each order for restraint or seclusion is time limited and shall not exceed 24 hours.
4. Written orders are placed in the patient's record and contain at least the following information:
   a. the time when the orders were written;
   b. the time when the seclusion was first used;
   c. criteria for the discontinuation of seclusion.
5. A brief description of the behavior necessitating seclusion and reason why less restrictive methods are inadequate to control the patient's dangerous behavior is written by the physician in the progress notes.
6. The written authorization of the medical director or designee is required when seclusion is used for longer than 24 hours. A physician shall observe the patient, assess the necessity for continued seclusion and provide documentation in the progress notes. He/she shall provide written orders for each additional 24 hours of seclusion or restraint after receiving the authorization from the medical director or designee. All of the conditions set out in this section also apply to new restraint or seclusion orders.
7. While patients are in mechanical restraints or seclusion, trained personnel shall:
   a. observe and provide appropriate attention to the patient every 15 minutes to assure appropriate care and treatment of the client including bathing, intake of fluids, regular meals, exercise and use of toilet;

b. during observation, if it is believed that the patient's dangerous behavior has ceased, the observer will immediately notify a registered nurse who will verify observation;

c. document (a) or (b) per facility approved flow sheet; and,

d. An R.N. shall assess the patient and document at least every four (4) hours.

8. The locking of individual patient rooms in the Biggs Forensic Center during normal sleeping hours is not considered seclusion.

(7) Procedures for restraint include the following:

(A) Use of seclusion or restraint shall cease when the circumstance causing the need for the procedures have ended.

(B) A physician may authorize a registered nurse to use physical or mechanical restraints to control a patient's dangerous behavior with a physician's written order. Emergency measures are described in section 8.

1. A physician shall conduct a clinical assessment of the patient before writing an order authorizing the use of physical or mechanical restraints.

2. The assessment and order is documented in the progress notes of the patient's record when the procedure is implemented.

3. Each order for physical or mechanical restraints shall be time limited and shall not exceed 24 hours.

4. Written orders are placed in the patient's record and contain at least the following information:

a. the time when the orders were written;

b. the time when the physical or mechanical restraint was first used;

c. criteria for the discontinuation of physical or mechanical restraint; and,

d. the type of physical or mechanical restraint.

5. A brief description of the behavior necessitating physical or mechanical restraints and reason why less restrictive methods are inadequate to control the client's dangerous behavior is written by the physician in the progress notes.

6. The written authorization of the medical director or designee is required when physical or mechanical restraint is used for longer than 24 hours. A physician shall observe the patient, assess the necessity for continued physical or mechanical restraints and provide documentation in the progress notes. He/she shall provide written orders for each additional 24 hours of physical or mechanical restraints after receiving the authorization from the medical director or designee. All of the conditions set out in this section also apply to new physical or mechanical restraint orders.

7. While patients are in mechanical restraints or seclusion, trained staff shall:

a. observe and provide appropriate attention to the client every 15 minutes, to assure appropriate care and treatment of the patient, including bathing, intake of fluids, regular meals, exercise and use of toilet;

b. during observation, if it is believed that the patient's dangerous behavior has ceased, the observer will immediately notify a registered nurse who will verify observation;

c. (a) or (b) shall be documented per facility approved flow sheet; and,

d. An R.N. shall assess the patient and document at least every four (4) hours.

8. The locking of individual patient rooms in the Biggs Forensic Center during normal sleeping hours is not considered physical or mechanical restraint.

(8) In an emergency (i.e., imminent danger or reasonable likelihood of serious physical harm to self/others), trained staff may physically or mechanically restrain a patient or place the patient in seclusion with the authorization of a registered nurse trained and approved per facility procedure to authorize the use of physical and mechanical restraints and seclusion.

(A) The registered nurse initiating restraint or seclusion procedures shall observe and assess the patient immediately and document the following in the progress notes:

1. The necessity for physical or mechanical restraint or seclusion, and inadequacy of less restrictive intervention and what interventions have already been attempted;

2. The type of physical or mechanical restraint or seclusion; and,

3. The expected behavior necessary for release from physical or mechanical restraint or seclusion;

4. The physical condition of patient prior to the use of mechanical restraint or seclusion.

(B) Until a physician is reached for an order, adult patients may be mechanically restrained or secluded under authorization from a registered nurse. The registered nurse who authorized the restraint and seclusion shall document the physician phone/verbal order on an emergency or continued use basis. The period prior to the physician's order shall be as brief as possible and should not exceed one(1) hour. The physician giving the oral order shall conduct a clinical assessment of the patient as soon as possible and enter a written order authorizing the restraints or seclusion in the patient's record within 24 hours after giving the oral order.

(C) Physical restraint used in child and adolescent areas is used for short periods of time in an emergency to protect self and others, not to exceed 30 minutes without a physician's order and evaluation. This is done under proper authorization of a registered nurse staff person.

(9) A list of patients in mechanical restraints or seclusion, their location, time in and the time for release shall be available in treating staff areas.

(10) Registered nurse documentation shall proceed according to the facility policy, including the following:

(A) When procedure is initiated;

(B) Every four(4) hours while in restraints or seclusion;

(C) Upon release from seclusion or restraint; and,

(D) Upon notification that client's dangerous condition appears to have ceased.

(11) All staff who implement written orders for restraint or seclusion shall have documented annual training and be certified in the proper use of the procedure for which order was written.

(12) The following shall apply to any use of physical or mechanical restraints or seclusion:

(A) Only approved techniques for restraints and seclusion is used; and,

(B) Instances in which physical, mechanical restraint or seclusion is used is documented on appropriate facility forms.

(13) The medical staff through the Quality Assurance Officer is responsible for the risk management issues regarding time out, seclusion or restraint. These shall include, but not be limited to, the following:

(A) Identify and report when time out, seclusion or restraint is used longer than 24 hours;

(B) Identify and report all unusual or possible unwarranted patterns of utilization;

(C) Identify and report facility utilization of time out, seclusion or restraint at periodic intervals, but not less than quarterly; and,

(D) Annually review facility policies, procedures and training programs and recommend necessary changes to the facility head.

(14) This DOR does not address the Fulton State Hospital Policy 9.603 regarding Forensic Policy Regarding the Use of Disciplinary Seclusion or Fulton State Hospital Policy 9.601 regarding Forensic Policy Regarding the Use of Disciplinary Seclusion, developed in compliance with Eckerhart v. Hensley.

History: Original DOR Effective December 1, 1983. Amendment effective February 8, 1984. Amendment effective February 1, 1994. Amendment effective July 1, 2002. On July 1, 2003 the sunset date was extended to July 1, 2004. On July 1, 2004 the sunset date was extended to July 1, 2005.